



MIAMI-DADE COUNTY – INTERNAL SERVICES DEPARTMENT (ISD)  
ARCHITECT-ENGINEER LETTER OF QUALIFICATIONS (LOQ)

(I) - PROJECT INFORMATION

ISD Project No.: **E16-PWWM-01** Measures **100%** Goal ☐ Set-Aside ☒ SBE/AE ☒ No. of Addenda Received:  
Project Name: **DESIGN SERVICES FOR ROADWAY IMPROVEMENTS TO NW 97 AVENUE FROM NW 52 STREET TO NW 58 STREET**

Firm No. 1

(II) - PRIME CONSULTANT INFORMATION

Name: FEIN: E-mail:  
Business Address: Principal: Phone: ( ) -  
Contact Person's Name and Title: Project Manager: Fax: ( ) -  
Assigned Personnel:

Firm  
No.

(III) - PROPOSED A/E SUB-CONSULTANT(S) INFORMATION

Firm Name

FEIN

Assigned Personnel

2  
3  
4  
5  
6  
7  
8

(IV) – A/E TECHNICAL CERTIFICATION REQUIREMENTS

A/E Technical Certification Category

Prime

Sub-

3.02 Highway Systems - Major Highway Design - PRIME  
10.01 Environmental Engineering - Stormwater Drainage Design Engineering Services - PRIME  
3.04 Highway Systems - Traffic Engineering Studies  
3.09 Highway Systems - Signing, Pavement Marking, and Channelization  
3.10 Highway Systems - Lighting  
3.11 Highway Systems - Signalization  
11.00 General Structural Engineering

No.

(V) - PROPOSED NON-A/E SUB-CONSULTANT(S) INFORMATION

a Firm Name: FEIN: Phone: ( ) -  
Address:  
Assigned Personnel:  
Assigned Services:

b Firm Name: FEIN: Phone: ( ) -  
Address:  
Assigned Personnel:  
Assigned Services:

**(VI) - ABILITY OF TEAM MEMBERS TO INTERFACE WITH THE COUNTY****(VII) - RESUMES FOR ASSIGNED PERSONNEL**

Attach resumes for assigned personnel identified on this LOQ.

**(VIII) - LOCAL CERTIFIED VETERAN BUSINESS ENTERPRISE**

A Local Certified Veteran Business Enterprise is a firm that is a) a local business pursuant to Section 2-8.5 of the Code of Miami-Dade County and b) is certified by the State of Florida Department of Management Services as a Service-Disabled Veteran Business Enterprise pursuant to Section 295.187 of the Florida Statutes, prior to proposal submittal. At the time of proposal submission, the Local Certified Service-Disabled Veteran Business Enterprise must affirm in writing its compliance with the certification requirements of Section 295.187 of the Florida Statutes and submit said affirmation and a copy of the actual certification along with the proposal submission.

☐ Place a checkmark here only if affirming proposer is a certified Local Certified Veteran Business Enterprise.

**THE EXECUTION OF THE LOQ CONSTITUTES THE UNEQUIVOCAL OFFER OF PROPOSER TO BE BOUND BY THE TERMS OF HIS OR HER PROPOSAL. FAILURE OF AN AUTHORIZED PRIME FIRM REPRESENTATIVE TO SIGN THIS LOQ WHERE INDICATED BELOW, MAY RENDER THE PROPOSAL NON-RESPONSIVE. HOWEVER, THE COUNTY MAY, AT ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF HIS OR HER OFFER.**

**(IX) - PRIME CONSULTANT ACKNOWLEDGEMENT**

I hereby certify that to the best of my knowledge and belief all the foregoing information is true and correct.

Authorized Prime Consultant's Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print Name)

Signature Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR MIAMI-DADE COUNTY – ISD USE ONLY****DO NOT WRITE IN THIS SECTION****A/E TECHNICAL CERTIFICATION REQUIREMENTS**

TC #	Team	Pre Q		TC		Additional Comments
3.02		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10.01		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.04		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.09		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.10		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.11		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11.00		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**FOR MIAMI-DADE COUNTY – ISD USE ONLY****DO NOT WRITE IN THIS SECTION****ISD FORMS AND OTHER DOCUMENTATION**

Forms	Verification	Additional Comments
ISD Form No. 1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ISD Form No. 5	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ISD Form No. 11	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Table of Organization	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Completed SBE Forms and/or documentation	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Contractor Due Diligence Affidavit	Yes <input type="checkbox"/> No <input type="checkbox"/>	